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SUBJECT: AMBASSADOR VISITS PEPFAR SITES IN SOUTHERN VIETNAM

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¶1. (SBU) Summary: During a June 6-8 visit to the Cambodian border provinces of Dak Nong, Binh Phuoc and Tay Ninh, the Ambassador reviewed local efforts to combat HIV/AIDS and the impact of projects funded by the President's Emergency Plan for AIDS Relief. Officials at the Vietnam Youth Corps Drug Rehabilitation Center in Dak Nong told the Ambassador that: (a) 80 percent of the Center's residents are from HCMC; (b) the Center follows the HCMC five-year "rehabilitation" plan (versus the national mandate of 24 months); and (c) 50 to 60 percent of the residents are HIV-positive. Although roughly 250 of the Center's residents have been released within the past year, there is no system for tracking and following up these releasees to ensure that they are well reintegrated into their communities, do not relapse, and receive appropriate medical care and counseling. In contrast, the PEPFAR-funded Life Gap Outpatient Clinic in Tay Ninh located in Tay Ninh General Hospital appeared to be relatively successful in providing community-based services to the province's HIV/AIDS community. However, its future is uncertain as the Vietnam Administration for HIV/AIDS Control (VAAC) has proposed a "regional" approach to AIDS control that may jeopardize future support to this site.
End Summary.

Drug Rehabilitation Center in Dak Nong

¶2. (SBU) During a June 6-8 visit to the provinces of Dak Nong, Binh Phuoc and Tay Ninh along Vietnam's border with Cambodia, Ambassador Marine reviewed local efforts to combat HIV/AIDS and the impact of projects funded by the President's Emergency Plan for AIDS Relief (PEPFAR). Established in 2001, Educational, Vocational, and Employment Center Number 5 (commonly referred to as a 05/06 center) in Dak Nong serves male drug addicts and some sex workers; the Dak Nong Center is one of 21 such centers in and around HCMC housing drug addicts who are primarily from HCMC. Following the model in HCMC's other drug-treatment centers, the Center's program consists of a four to five month detoxification course followed by training, educational and vocational courses over four to five years. Eighty percent of the Dak Nong center's addicts are from HCMC. The remaining patients are from Dak Nong and neighboring provinces. Their average ages range from 25 to 30. The Center has a capacity of 1,750 patients, but currently houses 1,347. As of June 2007, 235 residents have been released as part of a release program that began in the second half of 2006. Administrators of the facility reported that they plan to release 600 to 700 patients this year. The Center is administered by Dak Nong Province, but receives the VND equivalent of USD one million per year from the Central Government to cover operational costs.

¶3. (SBU) According to Center administrators, between 50 and 60

percent of the center's patients are HIV-positive. The Center offers a non-compulsory three-part HIV/AIDS program of education, testing and voluntary counseling for its HIV-positive inmates. The initiative is partially funded by the World Bank. However, administrators said that the USD 14,000 in assistance they receive is insufficient to provide anti-retroviral therapy (ART) to participants with AIDS. Center patients infected with opportunistic diseases are sent to local hospitals for treatment. Center administrators reported that they do not keep statistics on the number of HIV/AIDS deaths amongst Center patients, as they are sent to other facilities once they exhibit severe symptoms. They claimed not to have "readily available" the number of patients who have been sent away for medical treatment.

¶4. (SBU) According to the administrators, after the four to five year rehabilitation program is complete, patients have the option of returning to their home provinces, or participating in job programs at industrial complexes and enterprises with which the Center has signed agreements. Continuing education at an HCMC university is also an option if the Center patient meets admission requirements.

¶5. (SBU) A Vietnam Youth Corp official based in HCMC claimed that of 6,000 individuals released from HCMC's twenty-one 06 centers thus far, only 43 relapse cases have been recorded. However, she acknowledged that follow-up programs are based on voluntary participation in social work groups and community-based centers. She could not provide information on the number or percentage of releasees who participate in these programs.

A Successful Local Program in Tay Ninh

¶6. (SBU) The PEPFAR-supported LIFE-GAP HIV/AIDS Out Patient Clinic (OPC) in Tay Ninh General Hospital offers HIV/AIDS counseling, testing, treatment, and peer education, clinic Director Truong Thi Dung told the Ambassador. Its seven-member

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staff consists of doctors, nurses, a data manager and a pharmacist. The program also has a doctor stationed at the province's 06 center to refer patients who have shown some success during the rehabilitation program to the OPC.

¶7. (SBU) The Tay Ninh OPC has been in operation since September 2004. However, in the center's first year of operation only 60 per cent of clients tested for HIV returned for their results. Subsequently, a team from the Tay Ninh OPC was selected to attend the Hanoi School of Public Health's Total Quality Management (TQM) training in Hanoi. Upon completion of the training, the number of clients returning for their confirmatory tests increased to 95 per cent, which exceeded the clinic's goal of 85 per cent. The Tay Ninh project is one of 23 similar initiatives in Vietnam, and showcases the potential improvements in HIV/AIDS healthcare after quality management training of public health personnel.

¶8. (SBU) Since beginning operations in September 2004, the clinic has served 411 HIV-positive clients. (Note: There are a total of 1,466 HIV infected cases in Tay Ninh Province, of which 699 are AIDS cases. There have been 502 deaths out of 699 AIDS patients in the province. End note.) For Fiscal Year 2007, PEPFAR is providing USD 300,000 funds for the OPC program. In addition, PEPFAR indirectly provides technical assistance through the Hanoi School of Public Health and LIFE-GAP, a Ministry of Health organization which was established to coordinate, manage and monitor the CDC HIV/AIDS project. During the Ambassador's visit on June 8, the OPC staff reported that their current challenge is to obtain sufficient funding for all its activities. Although ART is one of the program's components, OPC staff explained that due to a lack of sufficient funding, currently only 24 of the 80 ART candidates identified by the clinic receive the treatment. The staff explained that traditional/cultural barriers present an additional challenge to

AIDS testing and treatment, as patients tend to exhibit a pessimism that limits their willingness to return for counseling and treatment. The center staff added that stigmatization dissuades many from getting tested in the first place.

¶9. (SBU) In his meetings with provincial government leaders as well as his visits to the HIV/AIDS and drug treatment centers, the Ambassador noted that government leadership on this issue needs to be stronger. More attention needs to be paid to the HIV/AIDS epidemic, not only in terms of funding, but also in terms of changing public opinion and ending the stigmatization of persons suffering from HIV/AIDS. People living with HIV/AIDS need to be brought into the national dialogue on how best to approach problems related to care and treatment of the disease. He noted that the 06 centers must make HIV/AIDS prevention, counseling and treatment programs an integral part of the overall rehabilitation program. Furthermore, tracking and follow-up programs to ensure the well-being of those released from 06 centers must be better designed, as they are essential for the prevention of drug abuse relapses as well as for ensuring the safety and health of an HIV/AIDS high-risk group. Provincial government officials assured the Ambassador that they are fully committed to the fight against HIV/AIDS and to greater efforts to minimize the stigma faced by persons living with HIV/AIDS.

¶10. (SBU) Comment: Although the Tay Ninh project is successful, its future is in doubt. PEPFAR and the Ministry of Health (MoH) are engaged in negotiations regarding current HIV/AIDS programming strategies. In order to have a more comprehensive approach at the systems level, as well as to augment the efforts to date, the Vietnam Administration for HIV/AIDS Control (VAAC) has proposed to focus on a "regional" geographic approach as opposed to a province-specific approach. The number of VAAC/LIFE-GAP sites could be reduced and the Tay Ninh program may be a casualty.

¶11. (SBU) Comment continued: The inability of the Dak Nong 06 Center to provide comprehensive data on the status of persons released from the center is not unusual. In fact, it reflects a broader problem that HCMC and other provincial governments face in monitoring and ensuring the well being of former drug abusers -- many of them HIV-positive -- once they are released into the community. End Comment.
SCHWENK